THE INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER

IHS PHARMACY PRACTICE TRAINING PROGRAM



Wyndham Metrocenter Hotel 10220 N. Metro Parkway East Phoenix, AZ 85051 (602) 997-5900 or 1-800-WYNDHAM

REGISTRATION						
Session I: June 19-22, 200	I: June 19-22, 2000			ly 17-20), 2000	Session III: August 7-10, 2000
PRINT all the items listed below and return immediately. If you decide not to attend, call (602) 364-7777.						
Requested Date of Training:_						
Name:	First			M.I.		Last
Social Security Number:						
First Name for ID Badge:						
Circle Preference:	Ms.	Mrs.	Mr.	Dr.		
Daytime Phone:						
Employed At*:					Mailing Addre	ss If Different:
PO Box/Street:					PO Box/Street	t:
City/State/Zip:					City/State/Zip:	:

*For Tribal facilities that have taken their P.L. 93-638 tribal shares of the CSC budget a tuition fee of \$400.00 will be due at the start of the program for each employee attending the program. Checks made out to the "IHS Clinical Support Center" can only be accepted from a Tribe (or a tribal program) that has taken its tribal shares of the Clinical Support Center.

You must make your own reservations with the hotel. Inform them that you are attending the "IHS Pharmacy Training" meeting to obtain the special government per diem rate (tax inclusive).

Return this form to:

IHS PHARMACY PRACTICE TRAINING PROGRAM
Clinical Support Center
Two Renaissance Square
40 N. Central Ave., Ste. 780
Phoenix, AZ 85004
Fax (602) 364-7788 Voice (602) 364-7777



The Indian Health Service Clinical Support Center is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. This activity has been awarded 27.5 contact hours (2.75CEUs) under Universal Program Number 600-000-00-057-L04.